

**ADOPTION THROUGH COLLABORATIVE PARTNERSHIPS**  
**RFP # FAM-11-084**  
**ITEMIZED BUDGET - OTHER PROPOSED EXPENSES (page 1)**

CONTRACT PERIOD: FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ CONTRACTOR NAME: \_\_\_\_\_

| <b>LINE ITEM</b>                        | <b>JUSTIFICATION<br/>(How costs were determined)</b> | <b>PROPOSED DSS FUNDS</b> |
|---|--|---------------------------|
| <b><i>POSTAGE TOTAL</i></b>             |  |                           |
| Administrative                          |  |                           |
| Program                                 |  |                           |
| <b><i>RENT AND UTILITIES TOTAL</i></b>  |  |                           |
| Rent                                    |  |                           |
| Utilities                               |  |                           |
| Telephone                               |  |                           |
| <b><i>EQUIPMENT TOTAL</i></b>           |  |                           |
| Equipment Purchase                      |  |                           |
| Equipment Rental                        |  |                           |
| <b><i>PRINTING TOTAL</i></b>            |  |                           |
| Administrative                          |  |                           |
| Program                                 |  |                           |
| <b><i>CONSUMABLE SUPPLIES TOTAL</i></b> |  |                           |
| Office                                  |  |                           |
|   |  |                           |

|         |  |  |
|---------|--|--|
| Program |  |  |
|---------|--|--|

**ADOPTION THROUGH COLLABORATIVE PARTNERSHIPS**  
**RFP # FAM-11-084**  
**ITEMIZED BUDGET - OTHER *PROPOSED* EXPENSES (page 2)**

CONTRACT PERIOD: FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ CONTRACTOR NAME:\_\_\_\_\_

[illegible]

TOTAL AMOUNT REQUESTED FROM DSS:

\$ \_\_\_\_\_